



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N02000003071	
1. Entity Name SPANISH JAIL MINISTRY, INC.	

Principal Place of Business 322 WOODBURY PINES CIRCLE ORLANDO, FL 32828	Mailing Address 322 WOODBURY PINES CIRCLE ORLANDO, FL 32828
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**DO NOT WRITE IN THIS SPACE**

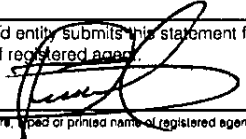
	
01042007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 38-3648091	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CARDENAS, MARCO DR.  
 322 WOODBURY PINES CIRCLE  
 ORLANDO, FL 32828

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DR. MARCO CARDENAS DATE: 2/8/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

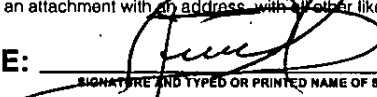
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, ELOY 1053 SOPHIE BLVD ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, LEONARDO 951 WHARF LANE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000636419  
 02/26/07-80015-025 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:  DR. MARCO CARDENAS DATE: 1/8/07 407-836-3562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #